

Thomson Court Day Care Support Service

Townhead
Rothesay
Isle of Bute
PA20 9JH

Telephone: 01700 504 770

Type of inspection:
Unannounced

Completed on:
11 August 2025

Service provided by:
Argyll and Bute Council

Service provider number:
SP2003003373

Service no:
CS2003000458

About the service

Thomson Court Day Care is registered to provide a day support service for up to twelve older people. The provider is Argyll and Bute Council. The service provides day care and support for older people living with Dementia from across the Isle of Bute. The service operates from suitably accessible premises on the edge of Rothesay, on Bute. The building is shared with Thomson Court Care Home. At the time of inspection ten people were using the service.

This was a virtual inspection where no site visit took place.

About the inspection

This was an unannounced follow up inspection which took place on 7, 8 August 2025. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with one person using the service and four of their family/friends
- spoke with five staff and management
- reviewed documents
- spoke with one visiting professional.

Key messages

We followed up on two requirements made at the last inspection which were met.

Some environmental improvements required were addressed improving safety for people.

Electrical safety certificates were provided stating 'satisfactory'.

People benefitted from a stable staff team however a staffing contingency should be addressed.

Staff training had been prioritised and a training plan had been developed.

Improved management oversight was evident.

Relatives shared they were happy with the care their loved one received.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our setting?	3 - Adequate
--------------------------	--------------

Further details on the particular areas inspected are provided at the end of this report.

How good is our setting?

3 - Adequate

Two requirements were made under this key question at the inspection on 10 April 2025, both of which have been met.

We have regraded this quality indicator and key question from weak to adequate following this inspection.

Please see 'What the service has done to meet any requirements we made at or since the last inspection'.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 30 June 2025 the provider must ensure that people experience a safe and well maintained environment. The provider must:

- a) take steps to ensure all electrical wiring throughout the building is safe and meets relevant safety standards
- b) ensure actions and timescales for improvements are communicated with people using the service and their representatives.

This is to comply with Regulation 10(2)(d) (Fitness of Premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe.' (HSCS 5.19).

This requirement was made on 10 April 2025.

Action taken on previous requirement

The provider Argyll & Bute Council have taken steps to ensure all electrical wiring throughout the building is safe and of acceptable standard. It has a certificate stating 'Satisfactory'.

People and their relatives have been informed by letter of the satisfactory electrical wiring certification.

Met - within timescales

Requirement 2

By 16 June 2025 the provider must ensure that people experience a safe and well-maintained environment. To do this the provider must at a minimum:

- a) develop an environmental audit to identify where improvements are required and produce an action plan based on SMART principles (Specific, Measurable, Achievable, Realistic, and Time-based) with realistic timeframes for addressing outstanding environmental actions
- b) assess and replace the damaged and worn flooring throughout the building
- c) ensure people who use the service and their representatives have been consulted about environmental improvements and include their views in the action plan
- d) ensure timescales for improvements are communicated with people using the service and their representatives.

This is to comply with Regulation 10(2)(d) (Fitness of Premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.19) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.24).

This requirement was made on 10 April 2025.

Action taken on previous requirement

We used photographic evidence and sought the views of people using the service, relatives and staff as this was a virtual inspection:

- a) an environmental audit had been completed to identify where improvements were needed. Though there have been monetary challenges postponing some works, a plan has been produced with actions to be taken forward
- b) the worn and damaged flooring within the bathroom area had been assessed though not replaced. This area had been locked preventing anyone being able to access this. Other bathrooms were available for the use of people using the service
- c) people and their relatives were consulted and informed by a series of letters
- d) a letter was circulated to families to confirm the works were completed.

We concluded that these steps contributed to people experiencing a safer environment.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that people receive medications safely and benefit from robust processes to guide staff, the provider should implement a medication policy.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 10 April 2025.

Action taken since then

Progress has been made in relation to addressing this area for improvement. The provider has taken responsibility and has been working closely with other professionals on the development of a draft medication policy.

Whilst it is taking some time to implement, we were assured that staff were supported by having the necessary information and guidance. Medication audits were in place as part of quality assurance. No medications are held in the service and return home daily with people using the service.

These measures helped to ensure people received medications safely, in line with best practice.

This area for improvement has not been met.

Previous area for improvement 2

To ensure people benefit from continuous improvement robust quality assurance systems should be implemented and used to inform a service improvement plan. Actions identified from audits as well as feedback from people experiencing care and stakeholders should be clearly linked to the service improvement plan.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and "I use a service and organisation that are well led and managed." (HSCS 4.23).

This area for improvement was made on 10 April 2025.

Action taken since then

The leadership team were working on developing a specific quality assurance process for the day service. This was a work in progress.

The leadership team met on a daily basis when quality assurance was discussed; there were some audits being completed. An up to date action plan for the day service was introduced with the aim of using feedback from recent questionnaires to populate the service improvement plan.

The service were attempting to re-introduce a carers group to work with for service improvement. This was proving a challenge. The management team met carers regularly, informally and were looking at ways of capturing these discussions.

This area for improvement has not been met.

Previous area for improvement 3

To ensure information about people's safety and wellbeing is shared with the right people the provider should ensure notifications to the regulator are made in line with the guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' (Care Inspectorate, 2020).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

This area for improvement was made on 10 April 2025.

Action taken since then

Since the last inspection senior staff had gained access to the e-forms system and submitted an appropriate notification. Staff were clear on reporting adult protection concerns and staff working in the service had completed their adult protection training.

This area for improvement is met.

Previous area for improvement 4

To keep people safe and deliver a consistent service, the provider should ensure that staffing numbers are reviewed. The provider should ensure that staff skills and deployment reflect the needs of the people using the service. Decisions about staffing should be transparent and based on the principles of the Health and Care Staffing (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people.' (HSCS 3.15).

This area for improvement was made on 10 April 2025.

Action taken since then

Though staffing levels remained the same since the previous inspection, when one of the permanent staff are off for example for annual leave there is cover using bank staff from the residential service. There was no staff contingency particular to the day service and we asked that the provider address this.

We shared the staffing method with the leadership team to further improve their knowledge and understanding of the need for clear processes to assess and review people's needs and link this to the levels of staffing required.

We sampled rotas and spoke with relatives who had no concerns about short staffing. The service was recently cancelled due to a storm rather than staffing levels.

The manager shared staff training records which detailed that staff within the service were up to date with mandatory training ensuring those skills reflected the needs of people using the service.

This area for improvement is met.

Previous area for improvement 5

To ensure people benefit from staff that are well trained and skilled, the provider should provide staff with training relevant to their role, including expected mandatory training.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14).

This area for improvement was made on 10 April 2025.

Action taken since then

The manager shared staff training records which detailed that staff within the service were up to date with mandatory training. This included Dementia and stress and distress training. This was feeding into a training plan being developed.

The provider was working on developing a training matrix to capture the different types of training staff have completed to give clearer oversight.

We asked that bank staff who cover shifts in the day service undertake the same training as all other staff including mandatory and refresher training.

This area for improvement is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.